

poster ABSTRACT

Poster No. 17

TITLE

RESIDENTIAL MOBILITY DURING PREGNANCY IN METROPOLITAN ATLANTA

TRACK

Network Content

OBJECTIVES

Maternal residential mobility during pregnancy needs to be considered for studies of pregnancy outcomes and potential environmental exposures based on residence at the time of delivery as it could be an important source of exposure misclassification.

SUMMARY

Background: Information on maternal residential mobility during pregnancy is important for studies of environmental factors and birth outcomes. This study describes such mobility among pregnant women in metropolitan Atlanta.

Methods: We obtained information on 991 (656 case and 335 control) mothers from the geocoded dataset of the Atlanta Birth Defects Risk Factor Surveillance Study, a case-control study conducted from 1993 through 1997. We calculated the percentage and movement patterns by trimester, used geographic information techniques to measure distances moved between residential addresses, and estimated individual socioeconomic status (SES) based on census data. We compared mobility among case and control mothers, and used logistic regression to account for possible confounders, including: race, age, education, SES, smoking, parity, and pregnancy planning.

Results: About 22% of pregnant women moved during their pregnancy: 12% moved during the second trimester, 11% moved within the same county, and 13% less than 15 miles. Pregnant women were more likely to move if they were younger, had higher SES, did not plan their pregnancy, or smoked. There were no significant differences in movement patterns or socioeconomic predictors between case and control mothers.

Conclusions: Residential mobility during pregnancy is a frequent event in Atlanta and certain socioeconomic factors are associated with such mobility.

Public Health Implications: For studies of pregnancy outcomes and potential environmental exposures based on residence at the time of delivery, residential mobility during pregnancy needs to be considered as it could be an important source of exposure misclassification.

AUTHOR(S):

Csaba Siffel, M.D., Ph.D. Centers for Disease Control and Prevention

Assia Miller, Centers for Disease Control and Prevention Adolfo Correa, Centers for Disease Control and Prevention







